

<h2 style="text-align: center;">Here comes the sun</h2> <h3 style="text-align: center;">Community pharmacy public health campaign report</h3>		
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Abbreviations used in this report

CPD	Continuing professional development
CPW	Community Pharmacy Wales
NHSSSP	NHS Wales Shared Services Partnership
SPF	Sun protection factor
UV	Ultra violet
WCPPE	Welsh Centre for Pharmacy Professional Education

Executive summary

Under the community pharmacy contractual framework community pharmacies are required to participate in up to six health promotion campaigns per annum, either local or national (in the manner reasonably requested by Local Health Boards). In 2011 Health Board Chief Pharmacists agreed that Public Health Wales would facilitate and evaluate up to three national campaigns per annum. This paper reports on the first national community pharmacy public health campaign of 2014/15, the purpose of which was to raise awareness of the signs and symptoms of skin cancer, the factors which are associated with an increased risk and the simple measures that people can take to lower their risk.

The campaign was endorsed by all 7 Health Boards and delivered in partnership between Public Health Wales, Community Pharmacy Wales and Tenovus.

Relevant continuing professional development (CPD) activities and resources were made available by the Wales Centre for Pharmacy Professional Education (WCPPE); these included seventeen face to face training events and the development of an e-learning resource. A large number of pharmacists accessed the CPD resources made available for the campaign.

During the month long campaign pharmacies across Wales engaged with people who were either between the ages of 18 and 35 or who displayed high risk behaviours visiting the pharmacy to promote public health messages regarding skin cancer.

Pharmacists and pharmacy staff distributed the *How safe are you in the sun?* questionnaire ("the questionnaire") to people attending the pharmacy. The questionnaire highlighted the signs, symptoms and risk factors associated with skin cancer. Advice was provided on how the risk of skin cancer can be reduced by regular checking of moles for signs of skin cancer, by not using sunbeds and by staying safe in the sun.

In total 5,739 questionnaires were completed and returned from 376 pharmacies, significant differences were observed in the proportion of pharmacies returning completed questionnaires by Health Board and pharmacy type. Of the questionnaires returned 1,894 (33.0%) were completed by people in the target age range. A high proportion of respondents to the questionnaire (73.3%) reported feeling comfortable discussing the signs and symptoms of skin cancer in the pharmacy, rated the quality of information provided as very good or excellent (72.6%) and that their knowledge of skin cancer had improved as a result of the advice provided (62.3%). As a result of the advice provided at the pharmacy 47.8% of respondents stated that they intended to change their sun safety behaviour to reduce their future risk.

1 Background

In 2012 693 people in Wales were diagnosed with malignant melanoma and 133 people in Wales died from the condition. The number of cases of malignant melanoma rose between 2000 and 2012 by 75% (Figure one) and it is now the seventh most common type of cancer in Wales¹.

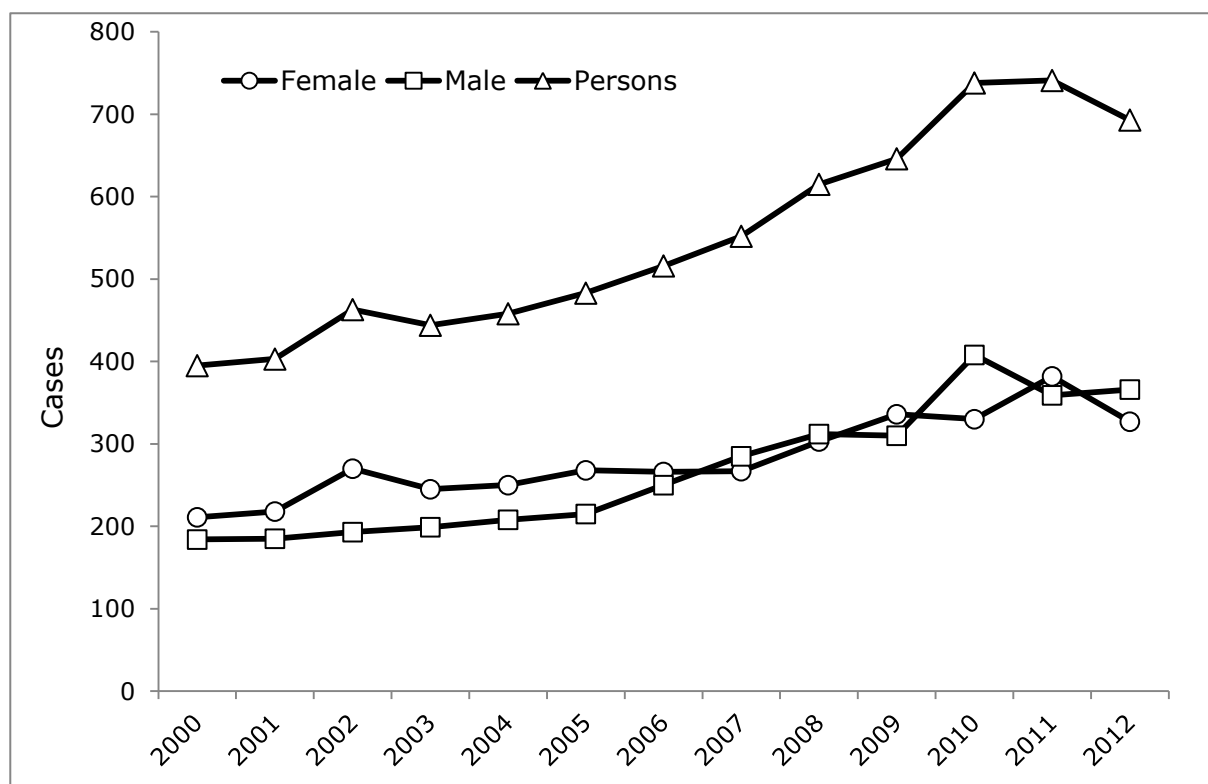


Figure one: Number of cases of malignant melanoma in Wales (males, females and all persons) 2000-12 (Source Welsh Cancer Intelligence and Surveillance Unit)

Relative survival rates are closely related to stage at diagnosis with higher survival rates observed in those diagnosed at an early stage. Whilst there is an inverse relationship between deprivation and incidence of malignant melanoma outcomes are significantly poorer for those living in the most deprived parts of Wales².

¹ Welsh Cancer Intelligence and Surveillance Unit. 2014. *Interactive cancer statistics tool*. [Online]. Cardiff: WCISU. Available at <http://www.wcisu.wales.nhs.uk/interactive-cancer-statistics-tool>. [Accessed 31 October 2014].

² Cancer Research UK. 2014. *Skin cancer incidence statistics*. [Online]. Cancer Research UK. Available at: <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/skin/incidence/uk-skin-cancer-incidence-statistics>. [Accessed 31 October 2014].

The main risk factor for developing melanoma is exposure to ultraviolet (UV) light. The main source of exposure to UV light is the sun but tanning lamps and beds are also sources of UV rays. People who get a lot of UV exposure from these sources are at greater risk of skin cancer, including melanoma.

Some people are more at risk of getting melanoma than others. These include people with:

- Solar keratosis;
- Dysplastic naevus syndrome;
- Very fair skin, especially those with fair or red hair;
- A tendency to get sunburnt;
- A history of using indoor tanning devices such as sunbeds, particularly if use started before the age of 35; and
- A family or personal history of melanoma.

2 Introduction

The Community Pharmacy Contractual Framework places an obligation on community pharmacy contractors to signpost people to relevant health and social care providers and patient groups and to participate in up to six local or national public health campaigns each year. Health Board Chief Pharmacists in Wales agreed to support this national public health campaign, the purpose of which was to raise awareness of the signs and symptoms of skin cancer, the factors which are associated with an increased risk and the simple measures that people can take to lower their risk.

Through the campaign, pharmacies were asked to engage with people who were either between the ages of 18 and 35 or who displayed high risk behaviours, for example people who visited the pharmacy seeking advice about sunburn. Pharmacists and pharmacy staff encouraged people visiting the pharmacy to complete the *How safe are you in the sun?* questionnaire ("the questionnaire") (Appendix one) which included questions about peoples' knowledge of skin cancer, risk factors and sun safety behaviours, and provided advice on measures that could reduce the risk of skin cancer. Pharmacies were asked to display the campaign show materials prominently in the pharmacy (Appendix two).

Where people expressed concerns about changes to the appearance of their skin they were referred to the pharmacist for advice on whether referral to their GP was warranted. The campaign materials include an A2 poster for displaying in the consultation room or other appropriate area of the pharmacy and A4 chart (Appendix three) which provided information on the types of skin changes which should be referred for a medical opinion.

The support of Tenovus enabled this national campaign to be carried out.

3 Key Messages

The key messages which the Here comes the sun campaign was seeking to deliver were:

1. Avoid unnecessary exposure to UV rays by:

- Seeking shade and covering up between 11 O clock in the morning and 3 O clock in the afternoon, when the sun is at its strongest;
- Always wearing a sunscreen with a high Sun Protection Factor (SPF) (use a minimum of SPF 15 although the higher the SPF the better and choose one which contains good UVA protection);
- Applying sunscreen approximately 30 minutes before going out in the sun; and
- Reapplying sunscreen every two hours.

And

2. Regularly check your moles and freckles

- Check your skin once a month;
- Even subtle changes may be signs of skin cancer; and
- Report any changes to your doctor, without delay

4 Method

1. As with previous campaigns, Here comes the sun was a month long campaign. During May people were encouraged to visit their community pharmacy to discuss their sun safety behaviour and actions which could reduce their risk of skin cancer.
2. A letter was sent to all pharmacies by Health Boards during April advising them of the campaign and reminding them of their contractual terms.
3. Campaign materials were designed by Tenovus with advice from Community Pharmacy Wales (CPW) and Public Health Wales to ensure appropriateness for use in pharmacies. Materials were delivered to the Public Health Champion in all pharmacies by the NHS Wales Shared Services Partnership (NHSSSP).
4. Financial support was provided by Tenovus to meet the printing costs of the public facing materials, distribution costs were met by Public Health Wales. All partners provided considerable resource to the media efforts (Appendix seven). CPW was the key point of contact for community pharmacy contractors.
5. The Welsh Centre for Pharmacy Professional Education (WCPPE) provided support to pharmacists and pharmacy technicians to undertake continuing professional development in preparation for the campaign (Appendix five) which included developing an e-learning resource and delivering seventeen live training events. WCPPE also provided materials for pharmacy staff to support appropriate provision of advice and referral (Appendix six).

6. CPW contacted community pharmacies by email before the campaign reminding them to participate.
7. The key campaign intervention involved pharmacists and pharmacy staff promoting the completion of questionnaires and providing advice and support as appropriate, prompted by the questionnaire responses. Other interventions included pharmacists and appropriately trained pharmacy staff:
 - Distributing campaign materials and providing advice on sun safety behaviours; and
 - Reminding people of the importance of checking their skin regularly and seeking medical advice, without delay, where they notice changes to the appearance of moles or freckles.
8. Pharmacies were asked to collate and return completed questionnaires to NHSSSP with their monthly prescription submissions.
9. Data from completed questionnaires were collated by Tenovus and analysed using Microsoft Excel.
10. The campaign was supported by a range of media activities including pharmacy visits from the Tenovus 'ice cream' van, and events involving pharmacies in seaside resorts being visited by lifeguards from the Royal National Lifeboat Institute (RNLI) (see section 6.2)

5 Results

5.1 Participation by pharmacies

Following the campaign period completed questionnaires were returned by 376 pharmacies³, representing a return rate of 52.7%. Significant differences were noted in pharmacy response rates between LHB areas (Table one) and pharmacy types (Table two).

Table one: Number of pharmacies returning campaign questionnaires by Health Board

Health Board	Pharmacies returning questionnaires	Total pharmacies	(%)
Abertawe Bro Morgannwg University Health Board	51	126	(40.48)
Aneurin Bevan University Health Board	73	129	(56.59)
Betsi Cadwaladr University Health Board	93	154	(60.39)
Cardiff and Vale University Health Board	67	106	(63.21)
Cwm Taf University Health Board	50	77	(64.94)
Hywel Dda University Health Board	29	99	(29.29)
Powys Teaching Health Board	13	23	(56.52)
Wales Total	376	714	(52.66)

Source: NHS Wales Shared Services Partnership

Table two: Number of pharmacies returning campaign questionnaires by pharmacy type.

Pharmacy Type	Pharmacies returning questionnaires	Total pharmacies	(%)
Independent	128	228	(56.14)
National multiple	170	352	(48.30)
Regional multiple	66	102	(64.71)
Supermarket	12	32	(37.50)
Wales Total	376	714	(52.66)

Source: NHS Wales Shared Services Partnership

³

5.2 Responses to the questionnaire

5.2.1 Respondent characteristics

In total 5,739 questionnaires were completed, of these 1,894 (33.0%) were completed by people in the target age range. The characteristics of respondents are shown in Table three.

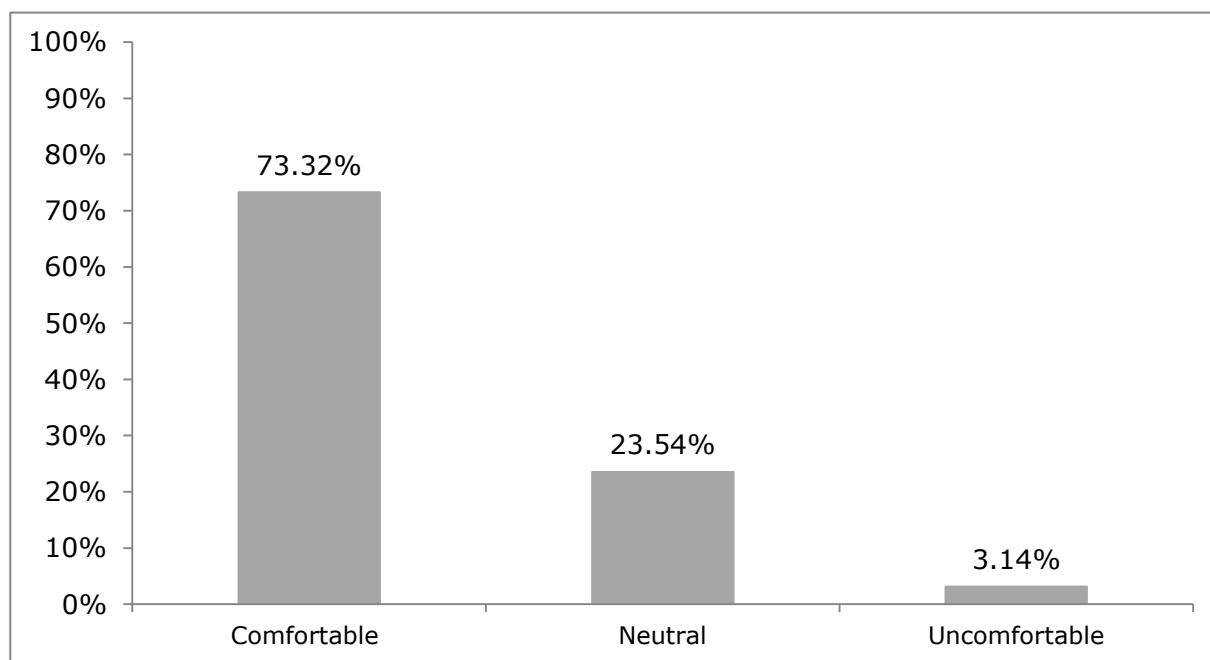
Table three: Characteristics of people respondents to the *How safe are you in the sun?* questionnaire (n = 5,739)

	Responses	(%)
Gender		
Male	1390	(24.22)
Female	3752	(65.38)
Transgender	16	(0.28)
Prefer not to say	44	(0.77)
Not stated	537	(9.36)
Age group		
Under 18	97	(1.69)
18 to 25	828	(14.43)
26 to 35	1066	(18.57)
36 to 45	1007	(17.55)
46 to 55	957	(16.68)
56 to 65	710	(12.37)
66 and over	592	(10.32)
Not stated	482	(8.40)
Total	5739	

5.2.2 Pharmacy as a location to provide sun safety information

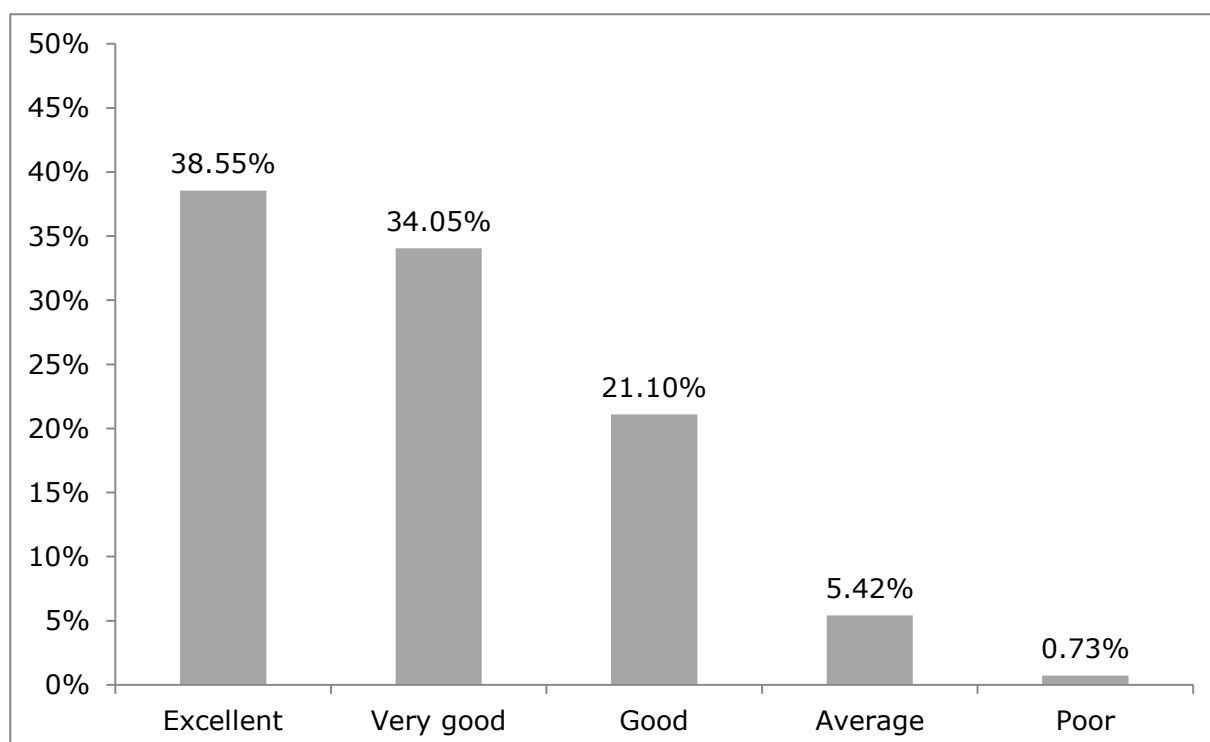
The majority of respondents to the questionnaire (73.3%) reported feeling comfortable discussing the signs and symptoms of skin cancer in the pharmacy. Very few respondents felt uncomfortable discussing signs and symptoms in the pharmacy (Figure two).

Figure two: Responses to the question "When discussing signs and symptoms of skin cancer in a pharmacy did you feel...." (n = 5,165)



When asked how they rated the quality of information provided by the pharmacy 72.6% rated it as very good or excellent with a further 21.1% rating it as good (Figure three).

Figure three: Responses to the question "How would you rate the quality of information provided" (n = 5,178)



5.2.3 Impact of the campaign on knowledge of skin cancer and intention to change behaviour

The majority of respondents stated that their knowledge of skin cancer had improved as a result of the advice provided (Table four). In total 2,391 respondents (47.8%, n= 5,004) stated that as a result of the advice provided at the pharmacy they intended to change their sun safety behaviour to reduce their future risk.

Table four: Responses to the question "*Following your conversation today, do you feel your knowledge of skin cancer is now....* " (n = 5,102)

Response	Number of responses	(%)
Improved	3177	(62.27)
The same	1903	(37.30)
Worse	17	(0.33)
Unsure	5	(0.10)
Total	5002	

6 Discussion

6.1 Participation by community pharmacy

Pharmacies were asked to return completed questionnaires to the NHSSSP by submitting them with prescriptions returned for pricing at the beginning of June 2014. Some pharmacies returned questionnaires directly to Public Health Wales. In total 376 pharmacies returned one or more completed questionnaires. This represented just over half of all pharmacies (52.7%) a figure considerably lower than had been achieved in previous campaigns. CPW raised concerns that prescription submission procedures in some pharmacies may have made it difficult to differentiate between returns made by pharmacy chains, resulting in under-reporting, this is feasible although the data does not suggest that any particular pharmacy chains were affected. Neither would this account for the non-responses from independent pharmacies. Significant differences were noted between the return rates of pharmacies in different LHBs and in different pharmacy types, the reasons for this are unclear and warrant further discussion between LHBs, CPW and individual pharmacy contractors.

6.2 Media coverage

Tenovus identified 19 press articles with a reach of 1,554,964. These included coverage in three of the four Health Board areas with higher than average melanoma incidence (Hywel Dda, 7 articles; Abertawe Bro Morgannwg, 5 articles and Cardiff and Vale, one article). No articles were identified in the Betsi Cadwaladr Health Board area during the campaign although a pharmacist was interviewed about the campaign on Calon FM, a local radio station in North Wales (http://www.rpharms.com/what-s-happening-/news_show.asp?id=1190). The campaign was also covered by local media in Aneurin Bevan and Cwm Taf Health Board areas.

As with previous campaigns *Here comes the sun* was well covered in professional press including the [Pharmaceutical Journal](#) and [Chemist and Druggist](#)

Tenovus' communications team gave extensive social media support during the campaign. Facebook reach for the month of May was 270,000 and when consideration is given to other Tenovus activity that coincided with the campaign (e.g Goodnight Walk). Referrals to Tenovus' website via Facebook were over 1,411, down 20% on April 2014, but 40% higher than the month following the campaign (June 2014).

Tenovus, Community Pharmacy Wales and Public Health Wales tweeted extensively in support of the campaign using the hashtag *#Herecomesthesun* and graphics and short videos were developed and utilised to promote the campaign's main messages. The graphics were used by ITV Wales in online news stories throughout May 2014.

7 Conclusions

During the Here comes the sun campaign more than 5,700 people discussed the risk factors, signs and symptoms of skin cancer at a pharmacy in Wales. The majority of respondents to the questionnaire were comfortable receiving advice in the pharmacy. Respondents also rated the advice provided by pharmacies highly with the majority stating that they knowledge about skin cancer had been improved as a result of the interaction. Nearly half of respondents stated they intended to change their sun safety behaviour to reduce their risk of skin cancer. These findings suggest that the public see pharmacies as an appropriate setting for health promotion and that pharmacists and pharmacy staff are able to undertake health improvement activities that could lead to improved health behaviours and outcomes.

The level of participation amongst pharmacies (52.7%) was lower than had been anticipated and below that of previous campaigns. Participation was determined by the return of at least one completed questionnaire. This is a pragmatic approach to measuring participation but it is feasible that it could underestimate the true level of engagement. Pharmacies may have participated in other ways during the campaign, for example by displaying the posters or handing out campaign materials. This is not easily measured. Nevertheless given the low return rate and in particular the significant differences in response rates between Health Boards and between pharmacy types it is reasonable to conclude that further work is necessary to better understand the reasons for low return rates and take steps to address this in future campaigns.